ANESTHESIA INFORMATION MANAGEMENT SYSTEM

Anesthesia Information Management System (AIMS)

Synopsis

After an extensive technical and best value evaluation, a commercially available anesthesia information management system has been selected by the Department of Defense for use in military treatment facilities world-wide. AIMS is an innovative suite of information systems that combines the power of 32-bit client-server networking with sophisticated point-of-care software applications for capturing and analyzing patient data. To ensure success of the program DoD-wide, the CHCS II Program Office has taken the extraordinary step of ensuring that AIMS is readily available on the General Services Administration ADP schedule. Standard hardware and software configurations can be modified to accommodate any number of operating rooms and/or special site requirements. After completion of installation and operational testing at Brooke Army Medical Center, AIMS will be available for installation throughout the DoD.

Benefits

From case scheduling and patient/staff tracking, to computer-based patient records for anesthesia, charge capture, and outcomes analysis, AIMS enables DoD health care providers to maximize their time spent on patient care, minimize charting efforts, optimize data accuracy and reliability while realizing significant returns on investment.

Functions

DoD's AIMS suite is comprised of seven modules incorporating 32-bit Microsoft Windows NT 4.0 technology. The heart of the system is the NetSTAT data repository, a transactional database utilizing SQL Server version 6.5.

- AIMCPRA is a computer-based patient record for anesthesia that features point of care engineering, CPT and ICD-9 coding, charge capture, bar coding, customized user templates, and quality indicator reporting.
- AIMPro software provides case scheduling, electronic coding, real-time case status board, and ad-hoc database queries.
- AIMPAT is a pre-admission testing module featuring the ability to scan standard preoperative assessment forms into the central data repository.
- AIMTrak is a comprehensive patient and staff tracking module that incorporates the procedural times glossary from the Association of Anesthesia Clinical Directors (AACD). AIMTrak provides simple and useful documentation of JCAHO requirements for all surgical encounters.
- AIMCharge includes an electronic charge generator, a full CPT outline and crosswalk, and ICD-9 and CPT link generator, co-morbidity coding, electronic HCFA 1500 forms, and a customized SQL Server interface with the in-house of third party billing office.
- AIMPACU enables care providers to enter postop vitals, notes, and mark times. This postop module features real-time case status and the ability to retrieve and review anesthesia records.
- AIMQI provides outcome-based quality indicator reporting and monthly CQI reports that meet JCAHO requirements. AIMQI uses a combination of point-of-care entry and scan forms for logging quality indicator data.

CHCS II
COMPOSITE HEALTH CARE SYSTEM II

COMPOSITE HEALTH CARE SYSTEM II (CHCS II)

Composite Health Care System II (CHCS II)

Synopsis

CHCS II is a compendium of applications that will provide the Department of Defense (DoD) with an enterprise-wide system, governed by universal standards integrating data from multiple sources, and displaying the data at the point of care. CHCS II will provide the information/data required to create a paperless, filmless lifelong patient record — the Computer-based Patient Record (CPR). Appropriate portions will be easily accessible to authorized users when and where needed. The CPR will facilitate the worldwide delivery of health care, will assist clinicians in making health care decisions, and will support leaders in making operational and resource allocation decisions.

Benefits

CHCS II will provide a seamless, merged, enterprise-wide repository of health data that will support the health care delivery processes and clinical business functions throughout the Military Health System (MHS). CHCS II will facilitate current and future management of health information requirements for the U.S. Armed Forces and keep health care personnel trained and ready to support peacetime, wartime, and other operations. Patient data will be mapped to a Clinical Data Repository (CDR) via a clinical lexicon using standard data elements from the National Institute of Standards & Technology (NIST), and linked to the Defense Enrollment Eligibility Reporting System (DEERS) by a Master Patient Index (MPI). Patient data will be moved, stored, and retrieved via provider terminals using Web-based, secure, Government-Off-The-Shelf (GOTS) and Commercial-Off-The-Shelf (COTS) technology. Role-based security will preserve patient confidentiality by only providing access to the patient data that is pertinent to a specific staff person ŝ role.

Functions

Ultimately, CHCS II will allow the user to do the following:

- Record observations, treatment and other inputs once and reuse the data
- Retrieve and display results in multimedia formats, including images
- Access data from multiple locations
- Tap into an interactive database and virtual data repository
- Suggest actions based on links to health information including the World Wide Web and other external knowledge bases
- Provide multidisciplinary health care recommendations via automated multidisciplinary guidelines and critical pathways
- Automatically assign codes and identifiers to injuries, conditions, and diseases
- Schedule patient appointments, consults, personnel, equipment, and rooms
- Capture, store, retrieve, and update patient demographic data, including eligibility information
- Perform all quality management and utilization management functions
- Automatically capture, integrate, and display patient data across the enterprise in real time

CHCS II will be deployed in increments, each adding functionality to its predecessor. The following functionality is planned:

Increment 1: (includes planned enhancements)

- Encounter documentation
- ADS bubble sheet replacement
- External interfaces — CHCS, ADSI, DEERS
- Patient demographics
- Coded problem list
- Results retrieval
- Summary of care
- Order Entry — via telnet to CHCS Order Entry
- Dental coding

Increment 2:

- Security
- Automated clinical practice guidelines
- MPI/MPL
- Order entry
- Consult tracking
- Preventive health (PHCA integration)
- Lexicon
- Dental (DDSA integration)
- Clinical Data Repository

CHCS II
COMPOSITE HEALTH CARE SYSTEM II

COMPOSITE HEALTH CARE SYSTEM (CHCS)

Composite Health Care System (CHCS)

Synopsis

CHCS is an automated medical information system deployed worldwide to over 600 military hospitals and clinics. As the world's largest and most advanced health information system, CHCS serves over eight million patients. CHCS provides automated support for health care providers by facilitating documentation, order entry, and results retrieval. The system supports hospital administrators and administrative support personnel with a variety of resource management and patient administration functions. CHCS interfaces with a number of Department of Defense (DoD) information systems, including the Defense Enrollment Eligibility Reporting System (DEERS), Ambulatory Data System (ADS), Clinical Information System (CIS), Expense Assignment System (EAS), Corporate Executive Information System (CEIS), Inpatient Encoder/Grouper System, and other Military Health System (MHS) automated systems.

Benefits

CHCS is a model for medical information management that increases communication among physicians, nurses, clinicians, technicians, ancillary services and administrators, and is continually improving quality of health care. The system provides near real-time access to patient information, from medical history to current treatment and vital statistics. Orders are delivered instantly to receiving departments. The software alerts the user to duplicate and/or potentially conflicting orders. Health care providers can review results of procedures ordered without waiting for and searching through manual results. These improvements save valuable staff resources, increase the quality of patient care, and boost patient satisfaction.

CHCS also provides numerous cost-saving benefits to the Government. Third-party insurance collection is facilitated through the use of stored insurance tables. New initiatives will allow for Medicare reimbursement and support enrollment-based capitation. The Managed Care Program allows TRICARE managers to assign enrolled beneficiaries to primary care providers from either the Military Treatment Facility (MTF) or the civilian provider network.

Finally, the extensive set of CHCS/MHS interfaces offer an integrated environment that further expands and strengthens the foundation of data available to MTF personnel.

Functions (v4.6)

CHCS provides an integrated patient database using order entry/results retrieval and electronic mail capabilities to support the following functional modules:

- Patient Administration
- Quality Assurance
- Laboratory
- Clinical Dietetics
- Pharmacy
- Clinical
- Radiology
- Medical Records and Image File Tracking
- Patient Scheduling
- Regional Scheduling
- Ambulatory Procedure Visits
- Medical Records Retrieval
- Encryption
- Transportable Patient Record

CHCS II
COMPOSITE HEALTH CARE SYSTEM II

THE CLINICAL INFORMATION SYSTEM (CIS)

The Clinical Information System (CIS)

Synopsis

The Clinical Information System (CIS), a CliniComp Inc. system, provides support for patient care management through critical and traditional plans of care as well as clinical case management and will support rapid growth toward a paperless, filmless, life-long patient record — the Computer-based Patient Record (CPR). The CIS is a Commercial-Off-The-Shelf (COTS) software and hardware application that provides computer support for inpatient clinical processes and documentation. CIS is currently installed at eleven DoD Medical Treatment Facilities (MTFs). The core of CIS is point-of-care data capture at the patient's bedside for physiological monitors, fetal/uterine monitors, ventilators, and other patient care machines. All clinical documentation is created and stored in the CIS. This system supports patient care and clinical care through critical and traditional plans of care. CIS is presently interfaced to CHCS and will, in the future, interface with ambulatory and imaging systems. CIS is an important component in the future Military Health System's (MHS) architecture.

Benefits

Exceptional support is provided to executives and clinicians through the CIS. Clinical data, which is captured during the care-giving process, can be aggregated, trended, and analyzed to manage care for a single patient or a population of patients. CIS provides transaction-level clinical data to support clinical research, ongoing improvement of clinical processes, and management processes or systems such as the Corporate Executive Information System (CEIS). Other benefits include: improved efficiency for the health care team, real time access to the life-long medical records, improved legibility of information, reduced human error and increased completeness of clinical documentation. Additionally, the CIS positively affects provider decision making and diagnostic capability, provides management tools to enhance decision making for TRICARE executives, improves compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) mandates, and provides a tool for risk management.

Functions

The CIS is currently focused on support for all inpatient areas and complex clinics: critical, post-anesthesia, and preoperative care; labor & delivery; medical-surgical; pediatrics, and emergency department and same-day-surgery units. The system allows easy data retrieval for research, patient/staff education, outcomes management, and quality improvement initiatives. Key functions include:

- Physician/nurse notes, histories and physicals
- Multidisciplinary documentation
- Laboratory/Radiology text/ADT interfaces to Composite Health Care System (CHCS)
- Medication/Treatments/Inpatient & Outpatient records
- Discharge summaries
- Order transcription/Order entry
- Central Fetal Monitoring/EKG waveform capture
- Patient education

The system also provides graphical trending on patient parameters, a reference library, patient educational materials, and various reporting capabilities such as change of shift reports, task lists, and administrative reports.

DEFENSE BLOOD STANDARD SYSTEM (DBSS)

Defense Blood Standard System (DBSS)

Synopsis

The Defense Blood Standard System is an integrated information system that automates and standardizes the Armed Services Blood Program. The Armed Services Blood Program represents the Army, Navy and Air Force, and provides high quality blood products and services to over eight million military and civilian beneficiaries of the Military Health System (MHS). DBSS mitigates risks to beneficiaries by reducing the risk of transfusion-transmitted infectious diseases. DBSS provides support for the management and operation of blood donor centers, transfusion services, Armed Services Whole Blood Processing Laboratories, and deployed field units. DBSS is currently in use at eighty-one peacetime military facilities with blood donor centers and transfusion centers. Additionally, DBSS is being used to support our military personnel currently serving in Operation Joint Endeavor/Guard in Bosnia.

Benefits

DBSS reduces the risk for infectious disease transmission by automatically identifying ineligible blood donors before their blood is collected. It further reduces the risk by placing blood products that contain infectious agents in a quarantined status, making them unavailable for transfusion. These actions will save sixty-eight million dollars during the first five years of the system's life cycle. DBSS has implemented automated critical control point checks throughout the entire process of donating, testing, labeling, shipping and transfusing blood products.

Clerical errors are the number one cause of transfusion related deaths. Critical control checks implemented through DBSS have virtually eliminated the occurrence of such errors. DBSS has dramatically reduced the most severe forms of transfusion reactions by fifty percent by preventing users from issuing incompatible blood products.

The Armed Services Blood Program has seen nearly a twenty percent reduction in outdated blood products since the implementation of DBSS, resulting in an annual savings of four hundred thousand dollars. For the first time, through the use of management reports, DBSS provides the field commander an accurate, real-time picture of the available blood supply.

Since the implementation of DBSS, the Armed Services Blood Program has seen a decrease in the number of transfusion associated Human Immunodeficiency Virus (HIV) and Human T-Cell Lymphotropic Virus, type I (HTLV-I) cases. The number of HIV retrospective reviews has been reduced by nearly forty-five percent since the implementation of DBSS. There has been a fifty percent reduction in HTLV-I retrospective reviews.

Functions

The DBSS principal functionality includes blood product

- Collecting
- Testing
- Manufacturing
- Processing
- Freezing
- Storing
- Shipping

DBSS manages patient tracking after transfusion and infectious disease retrospective reviews. DBSS is one of the few information systems to incorporate all of this functionality into a single automated information system. For the first time, the United States military will have the ability to automate the exchange of blood products with our nation's allies and civilian blood banks, and to fully track them in DBSS. DBSS will be fully compliant with the International Society for Blood Transfusion 128 bar code symbology.

DEFENSE DENTAL STANDARD APPLICATION (DDSA)

Defense Dental Standard Application (DDSA)

Synopsis

The Defense Dental Standard Application (DDSA) will be the dental component of the Composite Health Care System II (CHCS II). CHCS II will support the full range of clinical and administrative functions in military health care facilities worldwide. DDSA will implement business process improvements enabling military dentistry to accomplish the dental mission more effectively and with greater economy in both peacetime and wartime.

Benefits

DDSA will enable dental providers to analyze patient treatment needs, determine resource requirements, plan and schedule service, and track and monitor care delivery. The on-screen dental charting and imaging capabilities will replace the paper dental record x-ray film. DDSA data will be collected once, at the point of service, and then will be available to all providers who need to use it.

This system will reduce the paperwork burdens placed on clinical staff and will return dental technicians from their administrative tasks to delivery of clinical services to patients. DDSA will allow providers to focus on management of individual patients and populations so that dental readiness of active duty forces can be maximized in support of mission performance.

DDSA will provide users with the dental components of the Computer-based Patient Record (CPR). Dental providers will have ready access to all of the core functions of CHCS II that support the CPR. Through their workstations, providers will be able to enter patient treatment information, including consultation, ancillary services, and prescriptions. DDSA will use the core clinical documentation and scheduling tool available to all clinical services in CHCS II.

DDSA will incorporate standard data sets such as the American Dental Association ŝ Current Dental Terminology (ADA codes) and the International Classification of Diseases and Related Illnesses Codes for Dentistry (ICD-DA). Using these standard data sets will improve the accuracy and completeness of data collected, and provide comparability of data across military sites and with commercial dentistry.

Functions

DDSA will provide the dental specific component within CHCS II, including:

- Dental charting module
- Dental laboratory module
- Dental report module
- Dental data interfaces
- Dental specific DoD Health Enrollment Assessment Review (HEAR)
- Dental specific scheduler
- Digital Imaging and Communications in Medicine (DICOM) compliant dental digital imaging components
- Dental knowledge base

The CHCS II structured documentation tool will automatically collect dental workload and performance measures as a by-product of the documentation, management, and delivery of dental services.

CHCS II
COMPOSITE HEALTH CARE SYSTEM II

DEFENSE OCCUPATIONAL HEALTH READINESS SYSTEM

Defense Occupational Health Readiness System

Synopsis

The Defense Occupational Health Readiness System (DOHRS) is a Tri-Service occupational health (OH) system that will interface with Composite Health Care System II (CHCS II). An interface with the DoD Hazardous Substance Management System (HSMS) of the Defense Environmental Security Corporate Information Management (DESCIM) Program is also planned. DOHRS supports Hearing Conservation (HC), Industrial Hygiene (IH), and Occupational Medicine (OM) programs within the Military Health System (MHS). DOHRS assembles, compares, evaluates, and stores occupational personnel exposure information, baseline medical examination data, workplace environmental monitoring data, personal protective equipment usage data, observation of work practices data, and employee health hazard education data. DOHRS will be loaded on a shared server at each local site to create a data flow from local sites into a data warehouse located at the U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) for further Tri-Service analysis and archiving.

Benefits

DOHRS provides OH staff, command surgeons, and commanders with data and information that enhance their ability to select effective options for reducing health threats and conducting risk assessments. DOHRS will provide accurate and complete OH information by supplying automated data collection tools and comprehensive information access tools for the IH, OM, and HC functional areas at deployed and fixed Military Treatment Facilities (MTFs) worldwide.

DOHRS will enhance readiness by providing information to enable exposure based medical surveillance and enhanced IH risk reduction. Health care delivery will be improved through the elimination of unnecessary physical exams, clinical laboratory testing, and radiological procedures. Access to full exposure history will increase provider ability to determine possible causes of the illness or injury when individuals present at the clinic. DOHRS will improve the quality of OH care and wellness programs for the DoD workforce by promoting the equitable delivery of OH services and the development of more robust and informed prevention programs to minimize the impact of worksite hazards. Readiness benefits include reduced troop retraining due to partial disability and improved unit fitness through exposure life-cycle tracking.

Functions

IH module

- Provides the basis for exposure based medical surveillance
- Identifies, quantifies and documents pre-deployment, deployment, and post-deployment exposures
- Recommends primary prevention controls for identified hazards

OM module

- Performs pre-assignment qualification
- Provides exposure based medical surveillance
- Treats and refers occupational illness and injury
- Documents medical outcomes

HC module

- Provides medical surveillance for noise exposed populations
- Identifies referrals for hearing loss illness and injury
- Documents auditory readiness status utilizing quantifiable metrics (H-Profiles and STS)

CHCS II
COMPOSITE HEALTH CARE SYSTEM II

GOVERNMENT COMPUTER-BASED PATIENT RECORD

Government Computer-based Patient Record (GCPR)

Synopsis

The Government Computer-based Patient Record (GCPR) Coordinating Committee — comprising the Department of Defense (represented by the CHCS II Program Office), the Department of Veterans Affairs, and the Indian Health Service— was formed to facilitate the exchange of clinical data across existing federal health care information systems with new business practices. Recognizing a shared goal and the common sense duty not to spend tax dollars on multiple government projects that work in parallel on separate solutions, the GCPR Coordinating Committee will define the technical and functional requirements for developing a worldwide GCPR framework. The GCPR framework includes four key components: trigger events— occurrences that will necessitate the exchange of information; common information model and data representation— an evolving standard data set that consists of clinical, administrative, and demographic entities and their relationships and attributes; security— mechanisms to protect against inappropriate access and use of health information; and communication— file sharing capability in a network computer environment that supports Health Level 7, American National Standards Institute X12, and Digital Imaging and Communications in Medicine. The Committee's ability to reengineer existing health care delivery processes through the GCPR framework will improve the sharing of information and will ultimately provide for better quality health care, improved access to care, greater cost efficiencies, and enhanced medical readiness of active duty DoD health care beneficiaries.

Benefits

The projected financial, quality of care, and readiness benefits of the GCPR framework result from enabling the exchange of clinical data between disparate individual enterprises or organizational systems, thereby creating a virtual, longitudinal electronic medical record. By supporting opportunities designed to enhance health care information management, users within the organization can access relevant information across institutional boundaries through the GCPR framework. This improved access to pertinent information not only will contribute to cost-effective, high-quality care, but also will support the streamlining of many clinical and business processes.

- Financial benefits include fewer redundant tests and procedures, improved efficiency of the health care team, and lower material costs.
- Quality of care benefits include improved disease management, facilitated diagnostic consultation and preventive health care, improved clinician and patient satisfaction, facilitated population-based research, improved access to health care providers, improved continuity of care and timeliness of clinical interventions, and improved clinical outcomes.
- Readiness benefits include reduced time between induction and reporting for duty, improved availability of periodic medical data, and improved availability of unit training time.

Functions

Key functions of the GCPR framework will include the capability to:

- Share longitudinal health care information on patients who are beneficiaries of the DoD, DVA, or IHS
- Transfer patient records (from different times, providers, and sites of care) that are linked to offer a view of a patient's health care encounters over time
- Access patient information as well as document the health status of an individual for beneficiaries of any of these agencies
- Facilitate the dissemination of health information across participating agencies

NUTRITION MANAGEMENT INFORMATION SYSTEM

Nutrition Management Information System (NMIS)

Synopsis

The Nutrition Management Information System (NMIS) is deployed to fifty-nine Department of Defense (DoD) Military Treatment Facilities (MTFs) worldwide and is projected to be deployed to theater operations. NMIS enables dietetics personnel in the Military Health System (MHS) to accomplish the mission of providing preventive and therapeutic medical nutrition therapy and medical food management. It supports those functions that are calculation intensive and repetitive, and, through interface with the DoD Compostie Health Care System (CHCS), reduces duplication of data entry. NMIS received C2 accreditation on October 18, 1995 and is designed for a client server environment that meets the DoD open systems requirements.

In the emerging health management environment, outcomes-based practices are essential in the effort to control health care costs. Medical Nutrition Therapy (MNT) is one of the two componenets of NMIS. As first line, value added adjunctive therapy, MNT is non-invasive and cost-effective. It is a tool that supports data collection and analysis of nutrition intervention clinical outcomes. NMIS MNT currently supports a database for outcome measures related to ten diagnoses.

The second component of NMIS, Medical Food Management (MFM), supports the quanity food production management and the service aspects of fulfilling patient diet orders. Activities include procuring commodities and preparing, distributing and serving meals to patients and customers in the MTF.

Benefits

- Increases surcharge revenues
- Creates personnel and supply savings
- Improves capacity to provide dietetic patient care

Functions

Medical Nutrition Therapy consists of four separate modules

- Patient Assessment and Nutrition Outcomes Management
- Standardized Care Plans
- Patient Cardex
- Individualized Patient Menus

These modules support Clinical Dietetics evaluation of a patient ŝ nutritional status and nutritional needs, provide both a standard treatment plan for each of ten diagnoses requiring nutritional intervention and a patient-specific care plan tailored to each patient, and support individualized patient menus.

The Medical Food Management component of NMIS is comprised of five modules

- Data Maintenance
- Forecasting/Actuals
- Production Planning
- Accounting
- Inventory Management

In the aggregate, these modules support the logistical aspects of quantity food production. Individual recipes, population census, and individual preferences are used to forecast food service requirements. These forecasts, together with recipe yield, are used to prepare bulk purchase order requests. Actual quantities of menu items sold/served support the accounting and inventory management functions.

CHCS II
COMPOSITE HEALTH CARE SYSTEM II

PREVENTIVE HEALTH CARE APPLICATION (PHCA)

Preventive Health Care Application (PHCA)

Synopsis

The Preventive Health Care Appliction (PHCA) will serve as a standard solution for health care providers to deliver and track Clinical Preventive Services (CPS) for all members of the military health care community. PHCA began as a proof-of-concept prototype in February 1996. The project was established to determine 1) whether or not CPS automation will assist in implementing the National Put Prevention Into Practice (PPIP) initiative, and 2) whether or not automation of the Health Evaluation Assessment Review (HEAR) 2.0 questionnaire can be implemented in a military health care setting to assess the health status of both a patient and a population as a whole.

The PHCA application satisfies the requirements identified in PPIP by integrating commercially available products and Government owned software such as the HEAR, the Immunization Tracking System (ITS), and the Composite Health Care System (CHCS). Users access information management tools to assess, plan, track, and individualize the patient's CPS plan of care. In future releases, PHCA will access data from Pre/Post-deployment Surveillance and the Comprehensive Clinical Evaluation Program (CCEP).

Benefits

This application will benefit both the health care provider and the patient. The health care provider will use an integrated system that can access data from ITS, HEAR, Pre/Post-deployment Surveillance and CCEP. ITS provides the PHCA with a comprehensive immunization tracking and reporting module for all beneficiaries. The paper-based HEAR bubble sheets will be replaced with an automated, electronic questionnaire. Delays previously experienced due to incomplete or incorrect data entered on forms will be greatly reduced because electronically produced data is immediately available to the Primary Care Manager. Pre/Post-deployment Surveillance has been implemented to provide information on the health care status of the soldier prior to and following a deployment. In response to concerns by veterans about potential health effects from service during Operation Desert Storm/Shield, the Department of Defense (DoD) initiated the CCEP to evaluate service members 'physical complaints. PHCA addresses these concerns by integrating CCEP into a system that provides health evaluation information to providers and researchers about a patient's health status individually or as a member of a larger population.

Functions

PHCA captures, tracks, and recommends clinical preventive services such as:

- Health screening examinations
- Counseling services
- Immunizations
- Chemoprophylaxis
- Troop readiness

Evidence-based guidelines are readily available on screen for providers. These guidelines are taken directly from the U.S. Preventive Services Task Force Clinical Guidelines. PHCA also integrates the risk factors from the HEAR questionnaire, screening exam results from CHCS, and immunization data. The data is displayed in a clinically useful way —at a glance— using red, yellow, and green icons. Health and immunization status of active duty members is readily available to leadership for troop readiness assessment. PHCA also provides reporting capability for Health Plan Employer Data and Information Set (HEDIS)/National Committee for Quality Assurance (NCQA), TRICARE, DoD Report Card, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and for local ad hoc reporting.

CHCS II
COMPOSITE HEALTH CARE SYSTEM II

SPECIAL NEEDS PROGRAM MANAGEMENT INFORMATION SYSTEM

Special Needs Program Management Information System

Synopsis

The Special Needs Program Management Information System (SNPMIS) is currently installed in 35 Department of Defense (DoD) Military Treatment Facilities (MTFs) worldwide, with all 50 sites to be completed by the end of fiscal year 1999. SNPMIS will collect information related to special needs populations from other automated systems through interfaces. This approach will eliminate redundant data collection and provide a central mechanism for managing information on special needs populations.

This system offers capability for remote operations in schools and in the home. With the mandate to implement early intervention services (EIS), there will be an expanding requirement to provide itinerant services beyond the MTF into homes, schools, and other community settings.

Benefits

- Access to assignment coordination data to ensure that assignments are made to areas where needs can be met
- Reduction in administrative time required by health care providers to identify individuals with special needs
- Increase accuracy in the identification process
- Consolidated information on high cost beneficiaries for decision making and for quality assurance activities

Functions

SNPMIS will provide case tracking, management, and reporting functions for program sites providing EIS and medically related service (MRS). SNPMIS offers a graphical Microsoft Windows-based environment. Functions will be available to all program sites through a network structure that will permit remote access.

The goal of SNPMIS is to increase the availability of, and access to, information about the special needs population and Special Needs Program (SNP) activities. This will support the SNP in meeting its mission to identify the population having special needs and to ensure that the needs are met.

CHCS II
COMPOSITE HEALTH CARE SYSTEM II